

Mail this form to:

**Fairfax County Office for Children,
CCAR, 12011 Government Center Parkway, 8th floor, Fairfax, VA 22035
or Fax this form to: (703) 324-3917**

NAME _____ Number of Adults Attending: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Daytime Phone # _____ Home Phone # _____

Email Address _____

♦ *How old is (are) the child (ren) that you are placing in care?* _____

♦ *Do you have a preference?*

Child Care Center? Family Child Care Home? In-home Child Care?

Date Attending: _____